

## IMMIGRATION APPLICATIONFORM (VVR)

PLEASE TYPE OR USE CAPITALS:

Family name (*surname*) \_\_\_\_\_  
First name(s) \_\_\_\_\_  
Date of birth (dd-mm-yyyy) \_\_\_\_\_ Place of birth \_\_\_\_\_  
Nationality \_\_\_\_\_ Marital status: Single/Married  
Passport number \_\_\_\_\_ Valid from \_\_\_\_\_ until \_\_\_\_\_

**Permanent residence (your address outside the Netherlands):**

Street \_\_\_\_\_  
Postal code and City \_\_\_\_\_  
Country \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Mobile phone nr \_\_\_\_\_

**By signing this form I authorize Saxion University of Applied Sciences:**

- to be my contact person for applying for my residence permit at the Immigration Authorities and to act on my behalf.

All correspondence concerning my stay in the Netherlands should be sent to

**Saxion University of Applied Sciences**

**International Office**

Postbus 70000

7500 KB Enschede, The Netherlands

- to withdraw my registration with the Immigration Authorities if I do not start the study programme, if I cancel/quit my studies or in case I do not pass at least 50% of the nominal study workload for (the part) of the academic period.

- to be the intermediary for applying for my AON student insurance (if paid for).

If I insist on taking out my own insurance, I will complete Saxion's health insurance declaration form (provided by International Office) and upload the form in the Saxion portal.

Date: \_\_\_\_\_

Signature student